

**Executive Office of Elder Affairs
Assisted Living Residence
RESIDENT-SPECIFIC Incident Report Form**

This form must be submitted via fax: 617-727-9368 or email: ALRincidentreport@state.ma.us

Name of Residence: _____ Location: _____

Contact person: _____ Phone Number: _____

Date of incident: _____ Time of incident: _____

Date report was submitted in writing to Elder Affairs: _____

Residence's unique identifier of Resident involved in incident (do not use name or room number):

(If more than one Resident was involved, please submit one form for each Resident.)

General nature of the incident (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Alleged or actual abuse or neglect | <input type="checkbox"/> Incident/accident which caused an unplanned or unscheduled visit to hospital, clinic or physician's office |
| <input type="checkbox"/> Elopement | <input type="checkbox"/> Fall <input type="checkbox"/> Other |
| <input type="checkbox"/> Incident/accident which caused an unanticipated death | <input type="checkbox"/> Incident/accident which caused serious emotional harm |
| <input type="checkbox"/> Fall <input type="checkbox"/> Other | <input type="checkbox"/> Assault which required police involvement or unscheduled or unplanned visit to a hospital, clinic or physician's office |
| <input type="checkbox"/> Incident/accident which caused serious physical harm | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fall <input type="checkbox"/> Other | |
| <input type="checkbox"/> Suicide or suicide attempt | |
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Specific nature of incident: _____

Resident's health status at this time (e.g., "admitted to hospital", "recovering at Residence", etc.):

Other parties or agencies contacted, if any: _____

Remedial action taken, if applicable: _____

Please attach additional pages or supplemental documentation as needed.